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PTO/SB/01 (12-97)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration  
Submitted  
with Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16(e))  
required)

Attorney Docket Number

17960-231

First Named Inventor

William L. Nighan, Jr.

COMPLETE IF KNOWN

Application Number

09/872,865

Filing Date

June 1, 2001

Group Art Unit

1633

Examiner Name

Not Yet Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DIODE PUMPED, MULTI AXIAL MODE INTRACAVITY DOUBLED LASER**

(Title of the Invention)

the specification of which

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY)

06/01/2001

as United States Application Number or PCT International

Application Number 09/872,865 and was amended on (MM/DD/YYYY) ☐ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
08/446,203 09/070,478	05/19/1995 04/30/1998	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 021971 

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer  
Number/Bar  
Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

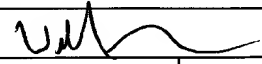
Direct all correspondence to: ☒ Customer Number or Bar Code Label 021971 OR ☐ Correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))				Family Name or Surname			
William L.				Nighan, Jr.			
Inventor's Signature						Date	9/11/01
Residence: City	Menlo Park	State	California	Country	USA	Citizenship	USA
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Post Office Address							
City	Menlo Park	State	California	ZIP	94025	Country	USA

☒ Additional inventors are being named on the 1 (One) supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

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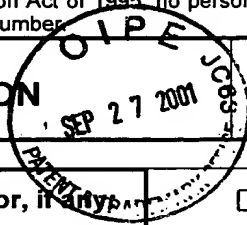
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# DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 1



Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

John

Cole

Inventor's Signature

*John Cole*

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Post Office Address

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Name of Additional Joint Inventor, if any:

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